Leaving Violence Program Representative Appointment Form

Please complete this form if you want to authorise a representative to act on your behalf in relation to the Leaving Violence Program.

The Leaving Violence Program supports people leaving a partner who uses violence with financial and other supports. You can cancel this appointment at any time by calling us on **1800 253 283**.

Your Full Name	
Your Address	
Your Phone Number	

I authorise the following representative and their organisation to act on my behalf in relation to the Leaving Violence Program:

Representative Full Name	
Representative Organisation Name	
Representative Postal Address	
Representative Phone Number	
Representative Email Address	

I agree that information about me may be collected from, and disclosed to, my representative and their organisation by the Leaving Violence Program.

I agree to:

- the Leaving Violence Program Terms of Service; and
- the collection and handling of my personal information in accordance with the Privacy Statement for the Leaving Violence Program,

as available at https://leavingviolenceprogram.org.au/terms-and-conditions.

Note: If you are unable to sign and return this form, please speak with your appointed representative to arrange a call with us and provide your consent verbally. **We will need your consent before we can progress your application.**

☐ I am unable to sign and return this form and will speak with my appointed representative to arrange verbal consent.

_____ _____

Your signature Date